


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90027 034 ****61.25

DOCUMENT # 706371

1. Entity Name
THE FORT MYERS BEACH WOMAN'S CLUB, INCORPORATED



Principal Place of Business
**175 STERLING AVENUE
 FT MYERS BEACH, FL 33931 US**


Mailing Address
**PO BOX 22
 FT MYERS BEACH, FL 33931 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01132008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**PEDERSON, KJELL
 2555 ESTERO BLVD.
 FT MYERS BCH, FL 33931**

4. FEI Number
59-6133785

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAUNDERS, SALLY 12 ARENIDA CARITA FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KILBURG, JUDY 150 CUELEW ST FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SULLIVAN, MAUREEN 4361 BAY BEACH LN FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADFISH, HELEN 5580 AVENIDA PESCADOTA FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAMOND, BARBARA 7400 ESTERO BLVD FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADIGAN, RITA 20276 FOXWORTH CR ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Keene, BARBARA 274 CURLEW ST. FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERL, NANCY 4341 BAY BEACH LN #442 FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Stowder, MARY 650 MARYAN 215 Ct. FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bradfish, Helen 5580 AVENIDA PESCADOTA FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maureen Sullivan, Treasurer 3-9-08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #